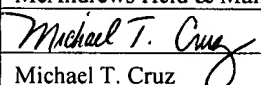
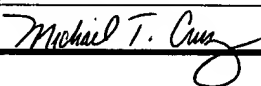
 <p>TRANSMITTAL FORM</p>		Application Number		09/492,265				
		Filing Date		January 27, 2000				
		First Named Inventor		Yi-Hsien Hao				
		Art Unit		2416				
		Examiner Name		Ng, Christine Y.				
Total Number of Pages in This Submission		7		Attorney Docket Number		20218US02		
ENCLOSURES (check all that apply)								
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page, in duplicate) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page, in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53			<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD			<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Notice of Appeal, 1 page, in duplicate) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):		
Remarks								
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm		McAndrews Held & Malloy, Ltd.						
Signature								
Printed Name		Michael T. Cruz						
Date		March 2, 2009						
CERTIFICATE OF MAILING								
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 2, 2009.								
Name (Print/type)		Michael T. Cruz		Registration No. (Attorney/Agent)		44,636		
Signature						Date		
						March 2, 2009		

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

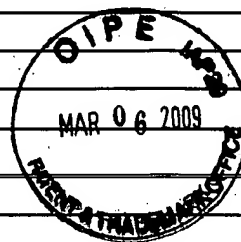
<div style="font-size: small; margin-bottom: 5px;">Effective on 12/08/2004 Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).</div> <div style="font-size: x-large; font-weight: bold; margin-bottom: 10px;">FEE TRANSMITTAL</div> <div style="font-size: x-large; font-weight: bold;">for FY 2009</div>				Complete if Known			
				Application Number		09/492,265	
				Filing Date		January 27, 2000	
				First Named Inventor		Yi-Hsien Hao	
				Examiner Name		Ng, Christine Y.	
				Art Unit		2416	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Attorney Docket No.		20218US02	
TOTAL AMOUNT OF PAYMENT				(\$)		670	
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held & Malloy</u>							
For the above-identified deposit account, the Director is hereby authorized to (check all that apply)							
<input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
<div style="font-size: x-small;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</div>							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
		FILING FEES		SEARCH FEES		EXAMINATION FEES	
Application Type	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fees Paid(\$)
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____
							Small Entity
							Fee(\$)
2. EXCESS CLAIM FEES							Fee(\$)
Fee Description							Fee(\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							210
Multiple dependent claims							370
							185
Total Claims		Extra Claims	Fee(\$)	Fee Paid (\$)		Multiple Dependent Claims	
-20 or HP		x	=	Fee		Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims	Fee(\$)	Fee Paid (\$)			
-3 or HP		x	=				
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee(\$)	Fee Paid(\$)	
-100		/50	(round up to a whole number)		x	=	
4. OTHER FEE(S)							
							Fee Paid(\$)
Non-English Specification, \$130 fee (no small entity discount)							_____
Other (e.g., late filing surcharge): <u>Notice of Appeal (\$540); Petition for One Month Extension of Time (\$130)</u>							\$670
SUBMITTED BY							
Signature		<u>Michael T. Cruz</u>		Registration No. (Attorney/Agent)		44,636	
Name (print/type)		Michael T. Cruz		Telephone		(312) 775-8000	
				Date		March 2, 2009	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p>Effective on 12/08/2004 Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">for FY 2009</h3>		<p>Complete if Known</p>	
		Application Number	09/492,265
		Filing Date	January 27, 2000
		First Named Inventor	Yi-Hsien Hao
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		Art Unit	2416
		Attorney Docket No.	20218US02
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	670	



METHOD OF PAYMENT (check all that apply)

- ☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy
- For the above-identified deposit account, the Director is hereby authorized to (check all that apply)
- ☒ Charge Fee(s) indicated below
 ☐ Charge Fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fees(s)
 ☒ Credit any overpayments
- under 37 CFR 1.16 and 1.17

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee(\$)	Small Entity Fee(\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims
-20 or HP	x	=		Fee Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20				
Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	
-3 or HP	x	=		
HP = highest number of independent claims paid for, if greater than 3				

3. APPLICATION SIZE FEE

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
-100	/50	(round up to a whole number) x	=	

4. OTHER FEE(S)

	Fee Paid(\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): Notice of Appeal (\$540); Petition for One Month Extension of Time (\$130)	\$670

SUBMITTED BY

Signature	<u>Michael T. Cruz</u>	Registration No. (Attorney/Agent)	44,636	Telephone	(312) 775-8000
Name (print/type)	Michael T. Cruz	Date	March 2, 2009		

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